

2100

PATENT

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Thomas D. Doerr et al.
Serial No.: 09/888,532
Filed: June 25, 2001
For: Physician Decision Support System With Rapid Diagnostic Code
Identification
Art Unit: 2166
Docket No.: 951130.90011

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SUBMISSION OF FORMAL DRAWINGS

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Commissioner for Patents
Washington, D. C. 20231

Sir:

Enclosed herewith are twenty-three (23) sheets of formal drawings, including Figs. 1-32 in the above specified case. Please enter these drawings into the file.

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Respectfully submitted,

THOMAS D. DOERR et al.

By:

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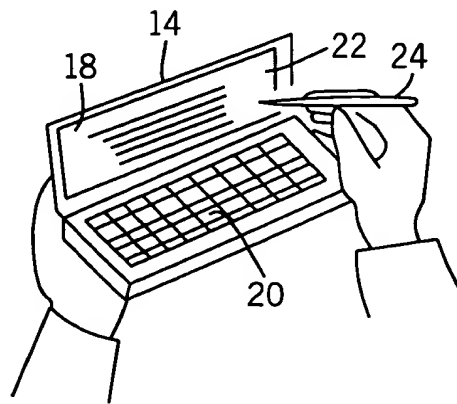
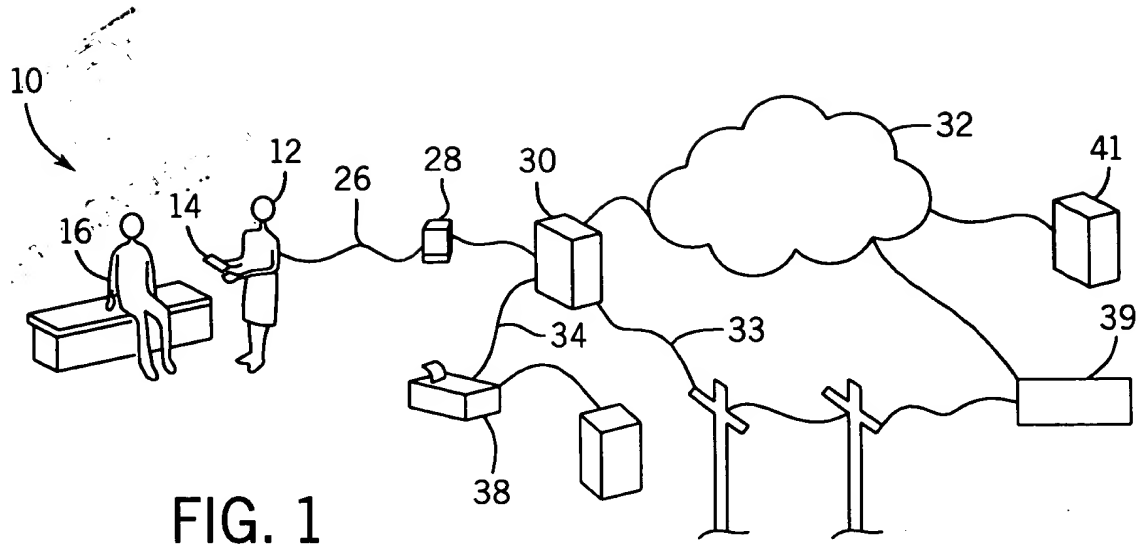


FIG. 2

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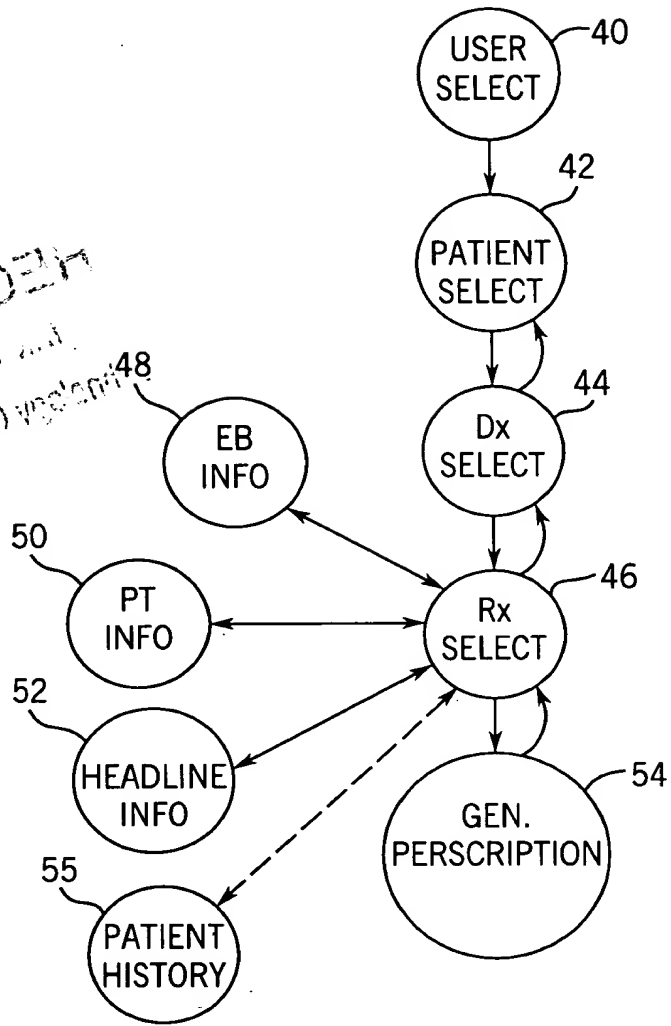


FIG. 3

56

60 DR	62 PATIENT	64 Dx	66 Rx

58

FIG. 4

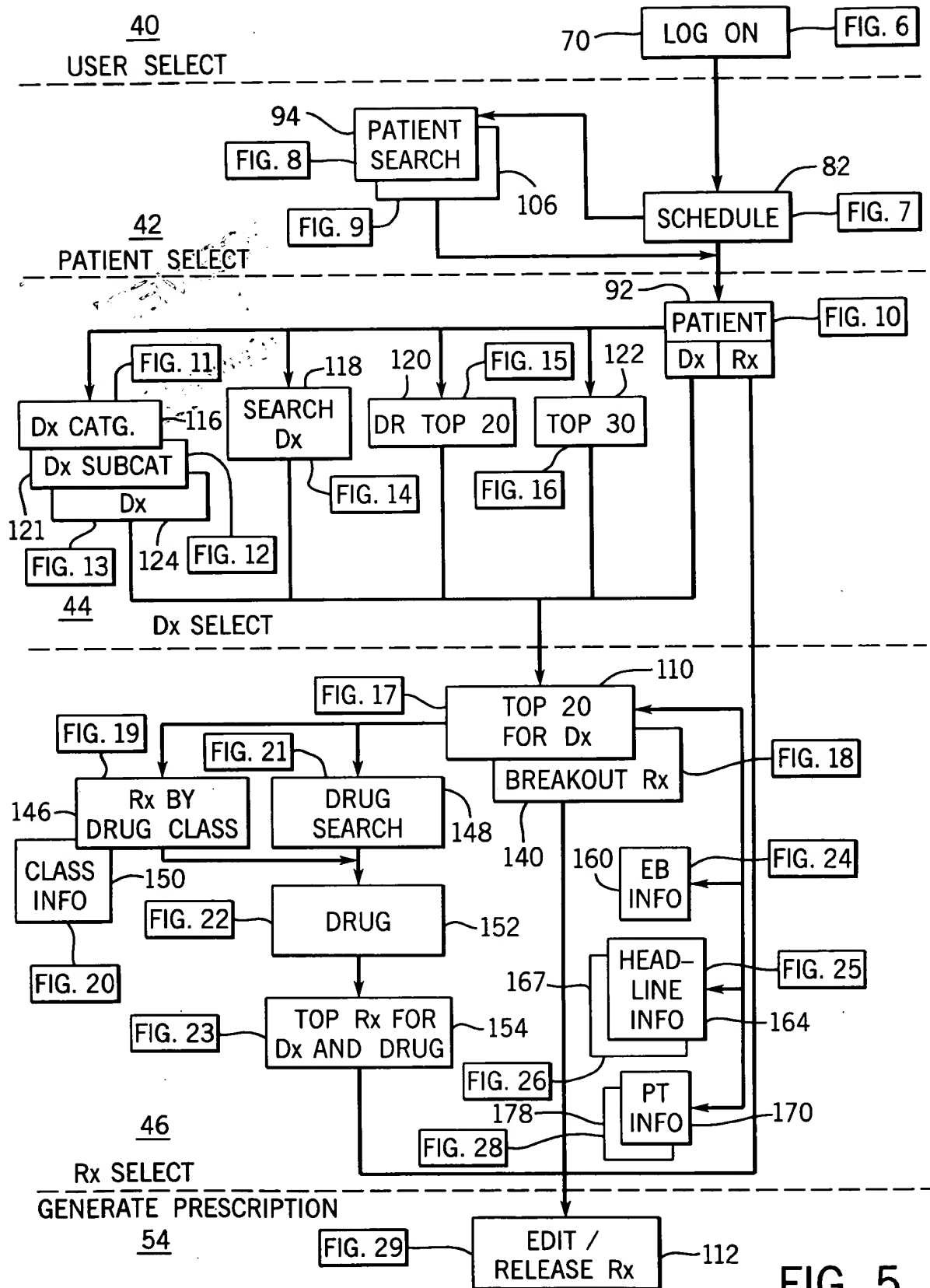


FIG. 5

70

Prescribing User Logon-Welby Medical

Select your facility and user id from the list below, then enter your WELLinx password.

FACILITY: 72 LOCATION: 74

USER ID: 76

PASSWORD: 78

Logon 80

FIG. 6

82

Refresh 88 Pt Search 93 Logoff 90

Select Patient-10 Patients found for today

09:00	WELLINX, DAVID	13:00	MILLER, ELLEN
09:30	ADAMS, LORRAINE	13:30	JOHNSON, SHARON
10:00	SMITH, PATRICIA	14:00	LEE, KEVIN
10:30	DAVIS, ROGER	15:00	ANDERSON, JAMES
11:00	OLSON, MICHAEL	15:30	JEFFERSON, SCOTT

86 84

FIG. 7

105 Today Logoff 94

Patient Search

Lastname MIMSTEST 96 Firstname 102

MRN 98

104 Search

ALL DOCTORS ☒ 100

FIG. 8

111 Today Pt Search Logoff 106 Back

Patient Search Results

MIMSTEST	ARTHUR	L	<u>200441</u>	F	1947-05-22
MIMSTEST	DAVID	J	<u>200409</u>	M	1947-05-22
MIMSTEST	EUGENE		<u>49718</u>	M	1947-05-22
MIMSTEST	GERALDINE		<u>213815</u>	F	1939-12-21
MIMSTEST	GWEN		<u>187885</u>	F	1999-05-22
MIMSTEST	LAURA	M	<u>249378</u>	F	1994-02-25
MIMSTEST	NETTIE		<u>200647</u>	F	1922-04-06
MIMSTEST	PAMELA	K	<u>15491</u>	F	1919-05-22

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Today Pt Search Logoff 108 Back

FIG. 9

92 →

113 →

114

Today Pt Search Logoff Done Add Dx: Category / Search / My 20 / Top 30 / Cancel

Diagnosis for DAVID WELLINX

<u>Edit</u>	<u>706.1</u>	ACNE, OTHER (VULGARIS)	<u>TETRACYCLINE 500MG</u>
			<u>TABLET</u>
<u>Edit</u>	<u>401.1</u>	BENIGN ESSENTIAL HYPERTENSION (HTN)	<u>+HYDROCHLOROTHIAZIDE</u>
			<u>25MG TABLET</u>
<u>Edit</u>	<u>477.8</u>	ALLERGIC RHINITIS, CAUSE UNSPECIFIED	

Today Pt Search Logoff Done Add Dx: Category / Search / My 20 / Top 30 / Cancel

FIG. 10

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123 →

Today Pt Search Logoff Back Search Cancel

Diagnosis SubCategories: Neurology

<u>Epilepsy and Seizures</u>	<u>Movement & Tremors</u>
<u>Headache</u>	<u>Nerve Diseases</u>
<u>Infection</u>	<u>Other Neurology</u>
<u>Mentation</u>	<u>Symptoms and Vagueness</u>

Today Pt Search Logoff Back Search Cancel

FIG. 12

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[Today](#) [Pt Search](#) [Logoff](#)
[Back](#) [Search](#) [Cancel](#)

Diagnosis Categories

Abnormal Test Results	Infectious Diseases	Skeletal: Axial
Blood Vessels, Edema, Lymph	Kidney / Nephrology	Skeletal: Leg
Congenital	Lungs Allergy & Sleep	Skeletal: Musculoskeletal
Diabetes	Miscellaneous	Skin
E-Codes (secondary diagnosis only)	Mouth	Syndromes
Ear Nose Throat Mouth	Neurology	Trauma
Endocrine / Metabolic	OB / GYN & Fetus / Newborn	Urology
Eyes	Other V Codes	V-Codes: Top 15 (IM)
Gastrointestinal	Pediatrics	VCodes: Personal Hx of Dz
Heart	Psychiatry	
Hematology Oncology	Skeletal: Arm	

[Today](#) [Pt Search](#) [Logoff](#)
[Back](#) [Search](#) [Cancel](#)

FIG. 11

Today	Pt Search	Logoff	124	127	Back	Cancel
Diagnosis Description: Neurology: Headache						
126	346.00	CLASSICAL MIGRAINE W/O MENTION OF INTRACTABLE MIGRAINE				
	346.01	CLASSICAL MIGRAINE WITH INTRACTABLE MIGRAINE, SO STATED				
	346.10	COMMON MIGRAINE W/O MENTION OF INTRACTABLE MIGRAINE				
	346.11	COMMON MIGRAINE WITH INTRACTABLE MIGRAINE, SO STATED				
	346.80	MIGRAINE NEC / NOT INTRCBL				
	346.91	MIGRAINE, UNSPECIFIED, W/INTRACTABLE MIGRAINE				
	346.90	MIGRAINE, UNSPECIFIED, W/O MENTION OF RETRACTABLE MIGRAINE				
	346.81	OTHER FORMS OF MIGRAINE WITH INTRACTABLE MIGRAINE, SO STATED				
	310.2	POSTCONCUSSION SYNDROME				
	625.4	PREMENSTRUAL TENSION SYNDROMES (PMS)(MENSTRUAL MIGRAINE)				
	349.0	REACTION TO SPINAL OR LUMBAR PUNCTURE (POST-SPINAL TAP HEADACHE)				
	307.81	TENSION HEADACHE				
	047.9	UNSPECIFIED VIRAL MENINGITIS				
	346.21	VARIANTS OF MIGRAINE WITH INTRACTABLE MIGRAINE, SO STATED (CLUSTER HEADACHE)				
	346.20	VARIANTS OF MIGRAINE-NOT INTRACTABLE (CLUSTER HEADACHE)				
Today	Pt Search	Logoff	Back Cancel			

FIG. 13

FIG. 14

Diagnosis Search

Search Keyword 130

- 132 {
- Diagnosis Description Long Search
 - Diagnosis Description
 - ICD9 Code

Back Submit Cancel

FIG. 16

Back Search Cancel

Top 30 Diagnoses

<u>A Fib</u>	<u>Depression</u>	<u>Low Back Pain</u>
<u>Allergic Rhinitis Unspec</u>	<u>Diabetes</u>	<u>Malaise Fatigue</u>
<u>Anemia</u>	<u>Dizziness</u>	<u>Neck Pain</u>
<u>Anxiety</u>	<u>DJD UNS</u>	<u>Otitis Media acute</u>
<u>Asthma Extrinsic w /o Sa</u>	<u>Edema</u>	<u>Pharyngitis acute</u>
<u>BPH</u>	<u>GERD</u>	<u>Rash</u>
<u>Bronchitis acute</u>	<u>Headache</u>	<u>Sinusitis Acute Unspec</u>
<u>Chest Pain UNS</u>	<u>HTN Benign</u>	<u>Tobacco use</u>
<u>CHF</u>	<u>Hyperlipidemia</u>	<u>URI</u>
<u>COPD</u>	<u>Hypothyroid primry</u>	<u>UTI</u>

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Wentworth Center 5100
10/23/2023 10:00 AM

Today Pt Search Logoff Back Search Cancel

Doctor Top 20 Diagnoses

<u>HTN UNSPEC.</u>	<u>KNEE PAIN</u>	<u>CRAMPS IN LIMB</u>
<u>FLU VACCINE</u>	<u>PNEUMOVAX / PREVNAR VACC.</u>	<u>POSTMENOPAUSE HORMONE RX</u>
<u>LAB EXAM</u>	<u>INSOMNIA NOS</u>	<u>ROUTINE MEDICAL EXAM</u>
<u>LIPOID METABOL DISORD NOS</u>	<u>DIARRHEA</u>	<u>SCREEN FOR PROSTATE CA</u>
<u>LONG TERM USE OF HI RISK RX</u>	<u>CVA</u>	<u>SHOULDER PAIN</u>
<u>LONG TERM USE OF ANTICOAG</u>	<u>SKIN LESION BENIGN NOS</u>	<u>SCREEN FOR RECTAL CA</u>
<u>OBESITY MORDIB</u>	<u>IRRITABLE BOWEL SYNDROME</u>	

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Today Pt Search Logoff

FIG. 15

FIG. 17

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Today Pt Search Logoff

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Select Rx by Class

Select for other Drug

Cancel

Top Rx for 401.1: BENIGN ESSENTIAL HYPERTENSION (HTN)

Drug / Dosage Name

Price

SIG

Qty

Refills

PRN

166

PT Info

EB Info

142

Diuretics and beta blockers are first line therapy

162

Edit	ENALAPRIL (Vasotec) 10MG TABLET		1 QD	90	3	N	Drug Info
Edit	+ HCTZ (HydroDiuril) 25MG TABLET		1 QD	30	11	N	Drug Info
	+ ATENOLOL (Tenormin)						Drug Info
	+ CAPTOPRIL (Capoten)						Drug Info
Edit	TRIAMTERENE / HCTZ 25 / 37.5MG TABLET		1 QD	90	3	N	Drug Info
Edit	ENALAPRIL (Vasotec) 20MG TABLET		1 QD	90	3	N	Drug Info
Edit	METOPROLOL SUCCINATE (Toprol XL)		1 QD	30	11	N	Drug Info
Edit	+ METOPROLOL 50MG TABLET	10	1 BID	60	11	N	Drug Info
Edit	+ LOPRESSOR 50MG TABLET	10	1 BID	60	11	N	Drug Info
145	DILACOR XR 120MG CAPSULE SA		1 QD	90	3	N	Drug Info

Today Pt Search Logoff

Select Rx by Class


Select for other Drug

Cancel

140 →

<u>Today</u>	<u>Pt Search</u>	<u>Logoff</u>	<u>Select Rx by Class</u>			<u>Select for other Drug</u>	<u>Cancel</u>
Top Rx for 401.1: BENIGN ESSENTIAL HYPERTENSION (HTN)						<u>PT Info</u>	<u>EB Info</u>
<u>Drug / Dosage Name</u>			<u>Price</u>	<u>SIG</u>	<u>Qty</u>	<u>Refills</u>	<u>PRN</u>
Diuretics and beta blockers are first line therapy							
<u>Edit</u>	<u>+TENORMIN 50MG TABLET</u>		10	1 QD	30	11	N <u>Drug Info</u>
<u>Edit</u>	<u>+ATENOLOL 50MG TABLET</u>		10	1 QD	30	11	N <u>Drug Info</u>
<u>Edit</u>	<u>ATENOLOL 100MG TABLET</u>			1 QD	90	3	N <u>Drug Info</u>
<u>Edit</u>	<u>ATENOLOL 100MG TABLET</u>			1 QD	100	3	N <u>Drug Info</u>
<u>Edit</u>	<u>ATENOLOL 100MG TABLET</u>			1 QD	30	11	N <u>Drug Info</u>
<u>Edit</u>	<u>TENORMIN 100MG TABLET</u>			1 QD	90	3	N <u>Drug Info</u>
<u>Today</u>	<u>Pt Search</u>	<u>Logoff</u>	<u>Select Rx by Class</u>			<u>Select for other Drug</u>	<u>Cancel</u>

FIG. 18

146 Today Pt Search LogoffCancel Search for other Drug**DRUG CLASSES**Diagnosis 346.00: CLASSICAL MIGRAINE W /O MENTION OF INTRACTABLE MIGR EB Info

<u>Acetaminophen</u>	1	<u>Class Info</u>
<u>+ Analgesic adjuncts</u>	3	<u>Class Info</u>
<u>+ Beta Blockers</u>	5	<u>Class Info</u>
<u>Calcium Channel Blockers</u>	1	<u>Class Info</u>
<u>GI-Prokinetic</u>	1	<u>Class Info</u>
<u>Headache-ergots</u>	3	<u>Class Info</u>
<u>Headache-other</u>	8	
<u>Headache-triptans</u>	5	<u>Class Info</u>
<u>+ NSAIDs</u>	22	<u>Class Info</u>
<u>Narcotics-Mild</u>	8	<u>Class Info</u>
<u>Salicylates</u>	2	<u>Class Info</u>

Today Pt Search LogoffCancel Search for other Drug

FIG. 19

FIG. 20

ANALGESIC MEDICATIONS	
HIGHLIGHTS	<ul style="list-style-type: none"> • ULTRAM 100mg = <u>TYLENOL 1000mg, LESS EFFECTIVE THAN IBUPROFEN 400mg</u> <u>MORE INFO</u> • TRAMADOL IS LESS EFFECTIVE THAN VICODIN IN ACUTE PAIN <u>MORE INFO</u> • REASONS TO AVOID DEMEROL <u>MORE INFO</u>
CONTENTS	
TREATMENT OPTIONS	<ul style="list-style-type: none"> • LOWER POTENCY NARCOTICS • STRONGER NARCOTICS • ADJUNCTIVE MEDICATIONS • WEBSITES
ACETAMINOPHEN	
SALICYLATES	
NSAIDS	
NSAID COX 2 INHIBITOR	
TREATMENT OPTIONS (REFER TO INFORMATION PRESENTED IN FOLLOWING SECTIONS FOR EFFICACY AND DOSING INFORMATION)	<p>MILD PAIN - ACETAMINOPHEN, SALICYLATES, NSAIDS, ADJUVANT MEDICATIONS (SELECTED SITUATIONS SUCH AS NEUROPATHIC PAIN)</p> <p>MODERATE PAIN - ALL OF THE ABOVE AS WELL AS WEAK OPIATE / OPIOID DRUGS (i.e. CODEINE, OXYCODONE)</p> <p>SEVERE PAIN - STRONG OPIATE / OPIOIDS (i.e. MORPHINE, HYDROMORPHONE, LEVORPHANOL) +/- ALL OF THE ABOVE</p> <ul style="list-style-type: none"> • CHRONIC, CONTINUOUS PAIN WARRANTS USE OF SCHEDULED ADMINISTRATION TIMES INSTEAD OF PM DOSING, AND USE OF EXTENDED RELEASE ANALGESIC PREPARATIONS. • IMMEDIATE RELEASE (IR) DOSAGE FORMS ARE APPROPRIATE FOR TREATMENT OF ACUTE OR EPISODIC PAIN, OR TO IMPROVE ANALGESIA DURING BREAKTHROUGH PAIN. • NSAIDS IN COMBINATION WITH OPIOIDS MAY BE HELPFUL FOR PAIN RESULTING FROM BONE METASTASES. • CORTICOSTEROIDS (i.e. DEXAMETHASONE) MAY BE HELPFUL FOR SITUATIONS INVOLVING NERVE COMPRESSION OR INCREASED INTRACRANIAL PRESSURE. • ANTIDEPRESSANTS AND ANTICONVULSANTS HAVE BEEN USED IN NEUROPATHIC PAIN.

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FIG. 21

Today Pt Search Logoff

Drug Search

Drugs

- ☐ BRAND OR GENERIC (COMMON MEDS ONLY)
- ☐ BRAND NAME ONLY (ALL MEDS)
- ☐ DRUG CLASS

BACK

SEARCH

CANCEL

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Today Pt Search Logoff

Back

Search for Other Drug Cancel

DRUG NAMES

Diagnosis 346.00: CLASSICAL MIGRAINE W /O
MENTION OF INTRACTABLE MIGR

CODEINE PHOSPHATE / APAP (Tylenol W / Cod)

Drug Info

HYDROCODONE / APAP (Vicodin)

Drug Info

PROPOXYPHENE (Darvon)

Drug Info

PROPOXYPHENE HCL / ACETAMINOPHEN (Darvocet)

Drug Info

PROPOXYPHENE HCL / ASA / CAFFEINE (Darvocet Compd)

Drug Info

PROPOXYPHENE NAPSYLATE (Darvon N)

Drug Info

PROPOXYPHENE NAPSYLATE / APAP (Darvocet N)

Drug Info

TRAMADOL (Ultram)

Drug Info

Today Pt Search Logoff

Back

Search for Other Drug Cancel

FIG. 22

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[Today](#) [Pt Search](#) [Logoff](#)[Back](#) [Select for other Drug](#) [Cancel](#)

Drug Dosage

Diagnosis 346.00: CLASSICAL MIGRAINE W /O MENTION OF INTRACTABLE MIGR

	Drug	Price	SIG	Qty	Refills	PRN	Info
Edit	TYLENOL W/CODEINE ELIXIR		5 Q 6HR	120	0	N	Drug Info
Edit	TYLENOL W/CODEINE #2 TABLET		2 Q 4HR	60	0	N	Drug Info
Edit	TYLENOL W/CODEINE #3 TABLET		1 Q 4HR	30	1	Y	Drug Info
Edit	TYLENOL W/CODEINE #4 TABLET		1 Q 4HR	30	0	Y	Drug Info
Edit	ACETAMINOPHEN /COD #3 TABLET		1 Q 4HR	30	1	Y	Drug Info
Edit	ACETAMINOPHEN W /COD ELIXIR		5 Q 6HR	120	0	N	Drug Info
Edit	TY-PAP W /CODEINE ELIXIR		5 Q 6HR	120	0	N	Drug Info
Edit	MI-CODE ELIXIR		5 Q 6HR	120	0	N	Drug Info
Edit	ACETAMINOPHEN /CODEINE SOLN						
Edit	ACETAMINOPHEN /COD ELIXIR		5 Q 6HR	120	0	N	Drug Info

[Today](#) [Pt Search](#) [Logoff](#)[Back](#) [Select for other Drug](#) [Cancel](#)

FIG. 23

PRIMARY HEADACHE DISORDERS

HIGHLIGHTS

- TAILOR MIGRAINE Rx TO SEVERITY OF HEADACHE OR PRIOR RESPONSE. [MORE INFO](#)
- USE ABORTIVE THERAPIES NO MORE OFTEN THAN TWICE WEEKLY TO PREVENT CHRONIC DAILY HEADACHES. [MORE INFO](#)
- NSAIDs AND EXCEDRIN MIGRAINE ARE FIRST LINE FOR PATIENTS WITH MILD-MODERATE MIGRAINE. [MORE INFO](#)
- USE MIGRAINE-SPECIFIC AGENTS (TRIPTANS, DHE, ERGOTAMINE) IN PATIENTS WITH MORE SEVERE HEADACHES OR IF UNRESPONSIVE TO NSAIDs AND OTC ANALGESICS. [MORE INFO](#)
- DICLOFENAC K⁺. EQUAL EFFICACY, BUT LESS NAUSEA THAN SUMATRIPTAN 100mg. [MORE INFO](#)
- NSAID /METOCLOPRAMIDE AS EFFECTIVE AS ORAL SUMATRIPTAN FOR MODERATE-SEVERE MIGRAINE. [MORE INFO](#)

CONTENTS

CLINICAL FEATURESDIAGNOSISMEDICATION OVERUSE HEADACHE /REBOUND HEADACHENON-DRUG THERAPYDOSAGE FORM SELECTION FOR MIGRAINEABORTIVE THERAPY TABLEABORTIVE THERAPY GUIDELINESCOMPARATIVE STUDIES OF ABORTIVE DRUGSMIGRAINE PROPHYLAXISMIGRAINE PATIENT TALKING POINTSTREATMENT OF TENSION-TYPE HEADACHETREATMENT OF CLUSTER HEADACHEGUIDELINES ON THE WEBTRIPTANSDIHYDROERGOTAMINE (DHE)PATIENT INFORMATION

CLINICAL FEATURES (ADAPTED FROM MAYO CLIN PROC 1996;71:1055)

FEATURE	MIGRAINE	TENSION-TYPE HEADACHE	CLUSTER HEADACHE
PREVALENCE	COMMON	COMMON	RARE
AURA	PRESENT IN 15%	NONE	NONE
SITE OF PAIN	HEMICRANIAL, BILATERAL	BILATERAL, OCCIPITAL, FRONTAL	UNILATERAL, FRONTOTEMPORAL

FIG. 24

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- DICLOFENAC POTASSIUM: EQUAL EFFICACY BUT LESS NAUSEA THAN SUMATRIPTAN 100mg. (ANON. CEPHALAGIA 1999;19(4):232-40) DICLOFENAC POTASSIUM 50mg COSTS LESS THAN SUMATRIPTAN 100mg (LESS THAN \$2 VS \$34).
- ASA 900mg PLUS METOCLOPRAMIDE 10mg (<\$2) AS EFFECTIVE AS SUMATRIPTAN 100mg (\$32) IN THE TREATMENT OF MODERATE-SEVERE MIGRAINE. (TFELT-HANSEN P LANCET 1995;346:923-26) (ANON. EUR NEUROL 1992;32:177-84)
- SC SUMATRIPTAN ASSOCIATED WITH MORE HEADACHE RECURRENCE THAN DHE NASAL SPRAY. SUMATRIPTAN 6mg SC PROVIDED BETTER RELIEF OF HEADACHE AND ASSOCIATED SYMPTOMS THAN DHE NASAL SPRAY 1mg, HOWEVER HEADACHE RECURRED MORE COMMONLY AFTER TREATMENT WITH SUMATRIPTAN (31% VS 17%). BECAUSE THE DOSE OF DHE USED IN THIS STUDY IS BELOW THE RECOMMENDED DOSE OF 2mg, IT IS DIFFICULT TO COMPARE THE EFFICACY FOR HEADACHE RELIEF. (TOUCHON J. NEUROLOGY 1996;47:361-5) PATIENTS WITH LONG DURATION HEADACHES MAY BENEFIT FROM INTRANASAL DHE.
- ORAL SUMATRIPTAN MORE EFFECTIVE THAN ERGOTAMINE /CAFFEINE, BUT HAS HIGHER RECURRENCE RATE. IN A RCT INVOLVING 466 PATIENTS, IMPROVEMENT IN PAIN AT 2 HOURS OCCURRED IN 66% OF PATIENTS TREATED WITH ORAL SUMATRIPTAN VS 48% OF PATIENTS TREATED WITH A COMBINATION OF ERGOTAMINE AND CAFFEINE (CAFERGOT[®]). HOWEVER, HEADACHES RECURRED IN 41% IN THE SUMATRIPTAN GROUP, COMPARED TO 30% OF THE ERGOTAMINE /CAFFEINE GROUP. SIDE EFFECTS WERE COMPARABLE. (ANON. EUR NEUROLOGY 1991;31:314-22)

MIGRAINE PROPHYLAXIS

- GENERAL INFORMATION
- GUIDELINES
- DRUG TABLE

FIG. 25

FIG. 26

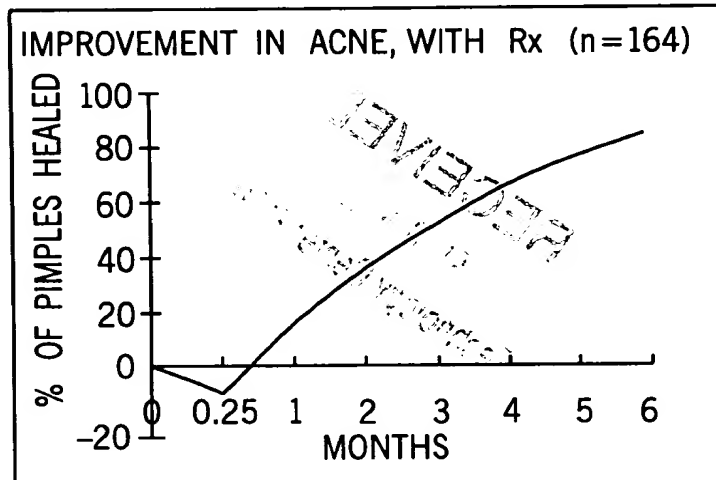
ACUTE TREATMENT OF MIGRAINE ATTACKS: EFFICACY AND SAFETY OF A NONSTEROIDAL ANTI-INFLAMMATORY DRUG, DICLOFENAC-POTASSIUM, IN COMPARISON TO ORAL SUMATRIPTAN AND PLACEBO
 ANON. CEPHALALGIA 1999; 19(4): 232-40
 STUDY DESIGN: DOUBLE-BLIND, CROSS-OVER RCT IN 156 ADULTS WITH MIGRAINE +/- AURA (2-6 MIGRAINES / MONTH)
 INTERVENTION: DICLOFENAC-K 50mg VS DICLOFENAC-K 100mg VS SUMATRIPTAN 100mg VS PLACEBO (ALL PATIENTS RECEIVED ALL FOUR TREATMENTS OVER A PERIOD OF 3 MONTHS)

RESULTS: HEADACHE PAIN 2 HR AFTER DOSING (BASED ON VAS): BOTH DOSES DICLOFENAC AND SUMATRIPTAN SUPERIOR TO PLACEBO, DICLOFENAC 50mg=100mg, BOTH DOSES DICLOFENAC=SUMATRIPTAN. ACTIVE TREATMENTS EQUALLY EFFECTIVE TO EACH OTHER AND SUPERIOR TO PLACEBO OVER 8 HOUR OBSERVATION PERIOD. SIGNIFICANT PAIN RELIEF OCCURRED AT 60 MIN WITH DICLOFENAC VS. 90 MIN WITH SUMATRIPTAN. THERE WAS NO DIFFERENCE BETWEEN ACTIVE TREATMENT GROUPS IN THE USE OF RESCUE MEDICATION (36% VS 41%). THERE WAS NO DIFFERENCE BETWEEN GROUPS IN RATE OF HEADACHE RECURRENCE (22-24% FOR DICLOFENAC, 26% FOR SUMATRIPTAN, AND 19% FOR PLACEBO), HOWEVER THE INCREASED USE OF RESCUE MEDICATION IN THE PLACEBO GROUP COULD HAVE CONFOUNDED THESE RESULTS. AT 2 HR AFTER DOSING, THERE WAS LESS NAUSEA IN DICLOFENAC GROUPS COMPARED TO SUMATRIPTAN AND PLACEBO GROUPS (22-27% VS 41-43%). AT 8 HR AFTER DOSING, THERE WAS LESS NAUSEA IN THE DICLOFENAC AND SUMATRIPTAN GROUPS COMPARED TO PLACEBO (DICLOFENAC 15-19%, SUMATRIPTAN 28%, PLACEBO 39%). AT 2HR AFTER DOSING, THERE WAS LESS VOMITING IN THE DICLOFENAC AND PLACEBO GROUPS COMPARED TO THE SUMATRIPTAN GROUP (2 HR: 3-7% VS 13%). AT 8HR AFTER DOSING, VOMITING WAS DECREASED IN THE DICLOFENAC GROUPS COMPARED TO SUMATRIPTAN (2-4% VS 10%). MORE ADVERSE EVENTS OCCURRED IN THE SUMATRIPTAN GROUP COMPARED TO THE OTHER GROUPS (31% VS 12-18%), HOWEVER THERE WAS NO DIFFERENCE IN THE RATE OF DISCONTINUATION DUE TO ADVERSE EVENTS. DIZZINESS, PARESTHESIA, ASTHENIA, AND TACHYCARDIA APPEARED TO OCCUR MORE COMMONLY IN THE SUMATRIPTAN GROUP.

COMMENTS: SEVERITY OF MIGRAINES AND SOME PERTINENT BASELINE CHARACTERISTICS (i.e. NUMBER OF HEADACHES TREATED, USE OF PROPHYLACTIC MEDICATIONS) NOT DESCRIBED. DID NOT REPORT % OF PATIENTS WITH RELIEF OF HEADACHE PAIN.

CONCLUSION: THIS STUDY DEMONSTRATED EQUIVALENCE OF DICLOFENAC-K AND HIGH DOSE SUMATRIPTAN FOR HEADACHE RELIEF, WITH A SLIGHTLY FASTER ONSET FOR DICLOFENAC. NAUSEA AND VOMITING WERE REDUCED IN THE DICLOFENAC GROUPS COMPARED TO THE SUMATRIPTAN GROUP.
RETURN TO TOPIC

TALKING POINTS WITH PATIENTS



1. IT IS IMPORTANT TO GUIDE EXPECTATIONS AT THE OUTSET, TO ALLOW 6 MONTHS FOR MEDICATIONS TO WORK. THIS FIGURE IS OF 164 PTS TREATED WITH TRETINOIN OR TRETINOIN AND ORAL MINOCYCLINE. IN TIME, MOST PATIENTS ACHIEVE SUCCESSFUL OUTCOMES. BUT THOSE PATIENTS WHO CANNOT ACCEPT THE NEED TO WAIT 3 TO 5 MONTHS FOR RESULTS WILL USUALLY BE DISAPPOINTED. ADAPTED FROM CUNLIFFE, WJ. J EUR ACAD DERMATOL. 1992; 1:43-52 AND KATSAMBAS et al. ACTA DERM VENEREOL. 1989 S143:35-9.

PRINTABLE FLOW SHEET FOR CHART:

PRINT

- ☐ ACNE LESION FLOW SHEET (1 PAGE) PROVIDES A QUANTITATIVE OBJECTIVE SCORING SYSTEM FOR ASSESSING ACNE.

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OTHER INTERNET LINKS OF VALUE:

- ☐ <http://www.rocheusa.com/products/accutane/pi.html>: A LINK TO THE ROCHE WEBSITE ABOUT ACCUTANE. IT CONTAINS THE PATIENT CONSENT FORM FOR STARTING ISOTRETINOIN, ALONG WITH INFORMATION FOR THE PATIENT ABOUT SIDE EFFECTS.

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- ☐ <http://www.fda.gov/cder/drug/infopage/accutane/default.htm>: A LINK TO THE FDA'S ACCUTANE INFORMATION WEBSITE

PRINT NOW

PRINT LATER

FIG. 28

PATIENT CONSENT FORM:

TO BE COMPLETED BY THE PATIENT, HER PARENT / GUARDIAN*
AND SIGNED BY HER PRESCRIBER.

PLEASE READ EACH ITEM BELOW AND INITIAL IN THE SPACE PROVIDED TO INDICATE THAT YOU UNDERSTAND EACH ITEM AND AGREE TO FOLLOW YOUR PRESCRIBER'S INSTRUCTIONS. DO NOT SIGN THIS CONSENT AND DO NOT TAKE ACCUTANE IF THERE IS ANYTHING THAT YOU DO NOT UNDERSTAND. A PARENT OR GUARDIAN OF A MINOR PATIENT MUST ALSO READ AND UNDERSTAND EACH ITEM BEFORE SIGNING THE CONSENT.

1. I, _____

(PATIENT'S NAME)

UNDERSTAND THAT ACCUTANE IS A VERY POWERFUL MEDICINE WITH THE POTENTIAL FOR SERIOUS ADVERSE EFFECTS THAT IS USED TO TREAT SEVERE NODULAR ACNE THAT DID NOT GET BETTER WITH OTHER TREATMENTS INCLUDING ORAL ANTIBIOTICS.

INITIALS: _____

2. I UNDERSTAND THAT I MUST NOT TAKE ACCUTANE (ISOTRETINOIN) IF I AM PREGNANT. I UNDERSTAND THAT I MUST NOT TAKE ACCUTANE IF I AM ABLE TO BECOME PREGNANT AND AM NOT USING THE REQUIRED TWO SEPARATE FORMS OF EFFECTIVE METHODS OF BIRTH CONTROL.

INITIALS: _____

3. I UNDERSTAND FROM MY PRESCRIBER THAT ALTHOUGH NOT EVERY FETUS EXPOSED TO ACCUTANE HAS RESULTED IN A DEFORMED CHILD, THERE IS AN EXTREMELY HIGH RISK THAT MY UNBORN BABY COULD HAVE SEVERE BIRTH DEFECTS IF I AM PREGNANT OR BECOME PREGNANT WHILE TAKING ACCUTANE IN ANY AMOUNT EVEN FOR SHORT PERIODS OF TIME. POTENTIALLY ANY FETUS EXPOSED DURING PREGNANCY CAN BE AFFECTED.

INITIALS: _____

FIG. 29

112

Rx FOR DAVID WELLINX by MARCUS WELBY

184

New Rx for Same Dx

Rx Complete

Cancel

186

Drug

HYDROCHLOROTHIAZIDE 25MG TAB

Substitution Permitted

Dose

1

TABS (ORAL)

Frequency

QD

Dispense

30

EA

Refill

11

Instructions

180

Δ

▽

Fill Method

PRN Indic

182

Fax

Prns

In Office

126 Dx	127 Dx DESCRIPTION	129 125 MAJOR CAT.	119 SUB CAT.	190 DWST

FIG. 30

190 DWST	164 HEADLINE	160 ER INFO	171 170 Pt INFO	142 REV

FIG. 31

84 Pt	126 Dx	11 200 PRESCRIPTION DETAILS	STOP REASON

FIG. 32